

2008 Medco Prescription Drug Benefits At A Glance

Medco administers the prescription drug benefits for PERS Select, PERS Choice and PERSCare plans. The following is a summary of the 2008 PERS Select, PERS Choice and PERSCare Prescription Drug Program.

	Retail Pharmacy Program	Retail Pharmacy for Maintenance Medications After Second Fill	Mail Service Program
WHEN TO USE IT	For a short-term or acute illness or condition, such as an ear infection, influenza or pneumonia	For a long-term or chronic condition, such as, arthritis, diabetes or high blood pressure	For a long-term or chronic condition, such as, arthritis, diabetes or high blood pressure
YOU PAY (CO-PAYMENT)	<ul style="list-style-type: none"> • \$5 for each generic prescription • \$15 for each brand names prescription on the Preferred Drug List • \$45 for each brand name prescription not on the Preferred Drug List • \$30 for each brand name prescription not on the Preferred Drug List with an approved Partial Waiver of Non-Preferred Brand Drug Copayment 	<ul style="list-style-type: none"> • \$10 for each generic prescription • \$25 for each brand names prescription on the Preferred Drug List • \$75 for each brand name prescription not on the Preferred Drug List • \$45 each brand name prescription not on the Preferred Drug List with an approved Partial Waiver of Non-Preferred Brand Drug Copayment 	<ul style="list-style-type: none"> • \$10 for each generic prescription • \$25 for each brand names prescription on the Preferred Drug List • \$75 for each brand name prescription not on the Preferred Drug List • \$45 for each brand name prescription not on the Preferred Drug List with an approved Partial Waiver of Non-Preferred Brand Drug Copayment
DAYS SUPPLY LIMIT	<p>PERS Select and PERS Choice: up to a 30-day supply</p> <p>PERSCare: Up to a 34-day supply</p>	<p>PERS Select and PERS Choice: up to a 30-day supply</p> <p>PERSCare: Up to a 34-day supply</p>	<p>PERS Select and PERS Choice</p> <p>PERSCare: Up to a 90-day supply</p>
ANNUAL MAXIMUM OUT-OF-POCKET	None	None	\$1,000 per individual
MEDCO MEMBER SERVICE	<p>800-939-7091 (U.S.) 1-800-497-4641 (Outside the Continental U.S.)</p>		
PARTIAL WAIVER OF NON-PREFERRED BRAND DRUG COPAYMENT	In order to obtain a partial waiver of non-preferred brand drug copayment, you must request a waiver as described in the Evidence of Coverage document.		